PTO/SB/17 (10-08)
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FREE TRANSMITTAL FEE TRANSMITTAL FOR FY 2009  Application Number   September 26, 2005   First Named Inventor   Heinrich F. Bartosik   Examiner Name   J. S. Pullias   Act Unit   J. S. Pullias   Act   J. S. Pullias   Act Unit   J. S. Pullias   Act   J. S. Pullias   Act   J. S. Pullias   Act   J. S. Pullias   Act Unit   J. S. Pullias   Act   J. S. Pullias   Act Unit   J. S. Pullias   Act   J. S. Pullias   Act Unit   J. S. Pul	Order the Paperwork Reduction Act of					ete if Know		CONTROL HUMBON	
FEE TRANSMITTAL For FY 2009    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (t) 810.00   Attorney Docket No.   No484.70060US00   METHOD OF PAYMENT (check all that apply)   Check   Credit Card	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).								
For FY 2009	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1								
Application Type Fee (\$) Fee (									
METHOD OF PAYMENT (check all that apply)	For FY 2009					J. S. Pullias			
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27			Art Unit 26		2626			
Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type Fee (\$)	TOTAL AMOUNT OF PAYMENT	(\$) 810.00			N0	N0484.70060US00			
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Tee Calculation  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Pee (\$) Fee (\$	For the above-identified dep	osit account, the Direct	or is hereby a	uthorized to:	: (check a	all that apply)			
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SEARCH FEES   SMAIL Entity   Fee (\$)   Fee (	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1 16 and 1 17								
Papelication Type	FEE CALCULATION								
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2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00	Reissue 330	165 5	540 2	70 <del>ć</del>	650	325		-	
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  The highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00	2. EXCESS CLAIM FEES						-	Small Entity	
Each independent claim over 3 (including Reissues)    Multiple dependent claims   Substituting	1	`							
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  -3 or HP =	`								
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(Attorney/Agent) 03,460 Telephone 017.046.6000	SUBMITTED BY	1.4							
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Name (Print/Type) Daniel T. Wehner, Ph.D. Date October 29, 2009	Name (Print/Type) Daniel T. Wehne	r, Ph.D.				Date	October 2	9, 2009	

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I hereby certify that this paper (along with any paper refe	erred to as beir	ng attached or enclosed) is beir	ng transmitted via the Office electronic filing
system in accordance with § 1.6(a)(4).		Λ , , , ,	
Dated: October 29, 2009	Cianatura	1) axiallo.	(mod an)